

Prescription Assistance Programs for Asthma Patients

The following list of prescription programs is to be used a guide and is not all-inclusive. Prescription programs and eligibility should be verified prior to making any recommendations. Additional websites for searching possible programs include:

- www.needymeds.org
- www.pparx.org
- www.healthwellfoundation.org
- www.patientaccessnetwork.org
- www.rxassist.org
- www.rxhope.com

Common Pediatric Controller Medications

Medication	Prescription Assistance Program	Contact Information and Website	Eligibility	Cost
Accolate®	RX Outreach	PO Box 66536 St. Louis, MO 63166-6536 Phone: 1-800-769-3880 www.rxoutreach.org	<ul style="list-style-type: none"> • US Resident • Annual Income at or below: <ul style="list-style-type: none"> ○ Single: \$ 35,010 ○ Family of two: \$ 47,190 ○ Family of four: \$ 71,550 	<ul style="list-style-type: none"> • \$30 for 60 tablets
Advair®	Bridges to Access GlaxoSmithKline	PO Box 29038 Phoenix, AZ 85038-9038 Phone: 1-866-728-4368 Fax: 1-855-474-3063 www.bridgestoaccess.com	<ul style="list-style-type: none"> • US Resident • No prescription benefits coverage • Gross Monthly Income at or below 250% of the Federal Poverty Level: <ul style="list-style-type: none"> ○ Single: \$ 2,431 ○ Family of two: \$ 3,277 ○ Family of four: \$ 4,968 	<ul style="list-style-type: none"> • Free • 90-day supply mailed to address provided on application • Free refills for up to one year • New application needed every 12 months • If medication needed same day, a patient

				care advocate will need to call on behalf of patient
Asmanex®	Merck Patient Assistance Program	PO Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 www.merckhelps.com	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual income at or below: <ul style="list-style-type: none"> ○ Single: \$ 46,680 ○ Family of two: \$62,920 ○ Family of four: \$ 95,400 	<ul style="list-style-type: none"> • Free; Up to 90 day supply • Free refills up to one year • New application needed every 12 months
Dulera®	Merck Patient Assistance Program	PO Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 www.merckhelps.com	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual income at or below: <ul style="list-style-type: none"> ○ Single: \$ 46,680 ○ Family of two: \$62,920 ○ Family of four: \$ 95,400 	<ul style="list-style-type: none"> • Free; Up to 90 day supply • Free refills up to one year • New application needed every 12 months
Flovent®	Bridges to Access GlaxoSmithKline	PO Box 29038 Phoenix, AZ 85038-9038 Phone: 1-866-728-4368 Fax: 1-855-474-3063 www.bridgestoaccess.com	<ul style="list-style-type: none"> • US Resident • No prescription benefits coverage • Gross Monthly Income at or below 250% of the Federal Poverty Level: <ul style="list-style-type: none"> ○ Single: \$ 2,431 ○ Family of two: \$ 3,277 ○ Family of four: \$ 4,968 	<ul style="list-style-type: none"> • Free • 90-day supply mailed to address provided on application • Free refills for up to one year • New application needed every 12 months • If medication needed same day, a patient care advocate will need to call on behalf of patient
Nasonex®	Merck Patient Assistance Program	PO Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual income at or below: 	<ul style="list-style-type: none"> • Free; Up to 90 day supply • Free refills up to one

		www.merckhelps.com	<ul style="list-style-type: none"> ○ Single: \$ 46,680 ○ Family of two: \$62,920 ○ Family of four: \$ 95,400 	<ul style="list-style-type: none"> year • New application needed every 12 months
Pulmicort®	AZ and Me Prescription Savings Program	PO Box 898 Somerville, NJ 08876 Phone: 1-800-292-6363 Fax: 1-800-961-8323 www.azandme.com	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual Income at or below: <ul style="list-style-type: none"> ○ Single: \$ 35,000 ○ Family of two: \$ 48,000 	<ul style="list-style-type: none"> • Free • Up to 90 day supply mailed to patient's home • Free refills up to one year • New application needed every 12 months
Qvar®	Teva Cares Pharmaceuticals	PO Box 52028 Phoenix, AZ 85072-9937 Phone: 1-877-237-4881 Fax: 1-877-438-4404 www.tevacares.org	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual Income at or below <ul style="list-style-type: none"> ○ Single: \$34,470 ○ Family of two: \$ 46,530 ○ Family of four: \$ 70,650 	<ul style="list-style-type: none"> • Free • Up to 90 day supply mailed to patient or provider • Refills require a reorder form
Serevent®	Bridges to Access GlaxoSmithKline	PO Box 29038 Phoenix, AZ 85038-9038 Phone: 1-866-728-4368 Fax: 1-855-474-3063 www.bridgestoaccess.com	<ul style="list-style-type: none"> • US Resident • No prescription benefits coverage • Gross Monthly Income at or below 250% of the Federal Poverty Level: <ul style="list-style-type: none"> ○ Single: \$ 2,431 ○ Family of two: \$ 3,277 ○ Family of four: \$ 4,968 	<ul style="list-style-type: none"> • Free • 90-day supply mailed to address provided on application • Free refills for up to one year • New application needed every 12 months • If medication needed same day, a patient care advocate will need to call on behalf of patient

Singulair®	RX Outreach	PO Box 66536 St. Louis, MO 63166-6536 Phone: 1-800-769-3880 www.rxoutreach.org	<ul style="list-style-type: none"> • US Resident • Annual Income at or below: <ul style="list-style-type: none"> ○ Single: \$ 35,010 ○ Family of two: \$ 47,190 ○ Family of four: \$ 71,550 	<ul style="list-style-type: none"> • \$40 for 90 tablets
	Merck Patient Assistance Program	PO Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 www.merckhelps.com	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual income at or below: <ul style="list-style-type: none"> ○ Single: \$ 46,680 ○ Family of two: \$62,920 ○ Family of four: \$ 95,400 	<ul style="list-style-type: none"> • Free; Up to 90 day supply • Free refills up to one year • New application needed every 12 months
Symbicort®	AZ and Me Prescription Savings Program	PO Box 898 Somerville, NJ 08876 Phone: 1-800-292-6363 Fax: 1-800-961-8323 www.azandme.com	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual Income at or below: <ul style="list-style-type: none"> ○ Single: \$ 35,000 ○ Family of two: \$ 48,000 	<ul style="list-style-type: none"> • Free • Up to 90 day supply mailed to patient's home • Free refills up to one year • New application needed every 12 months
Zyflo CR®	Cornerstone Cares	P.O. Box 7 Somerville, NJ 08876 Phone: 1-888-278-9198 Fax: 1-866-325-8234 www.crtx.com	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual Income at or below: <ul style="list-style-type: none"> ○ Single: \$64,980 ○ Family of Two: \$87,420 ○ Family of Four: \$ 132,300 ○ 	<ul style="list-style-type: none"> • Cost for patient depends on income and household size • Free for income below: <ul style="list-style-type: none"> ○ Single: \$ 43,320 ○ Family of Two: \$ 58,280 ○ Family of Four: \$ 88,200 • Discounted cost for

				<p>Annual Income at or below:</p> <ul style="list-style-type: none"> ○ Single: \$64,980 ○ Family of Two: \$87,420 ○ Family of Four: \$132,300 <ul style="list-style-type: none"> • Up to 90 day supply mailed to patient or provider. • New application needed every 12 months.
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Common Pediatric Quick Reliever Medications

Medication	Prescription Assistance Program	Contact Information and Website	Eligibility	Cost
ProAir HFA®	Teva Cares Pharmaceuticals	PO Box 52028 Phoenix, AZ 85072-9937 Phone: 1-877-237-4881 Fax: 1-877-438-4404 www.tevacares.org	<ul style="list-style-type: none"> • US Resident • No current prescription insurance coverage • Annual Income at or below <ul style="list-style-type: none"> ○ Single: \$34,470 ○ Family of two: \$ 46,530 ○ Family of four: \$ 70,650 	<ul style="list-style-type: none"> • Free • Up to 90 day supply mailed to patient or provider • Refills require a reorder form
	RX Outreach	PO Box 66536 St. Louis, MO 63166-6536 Phone: 1-800-769-3880 www.rxoutreach.org	<ul style="list-style-type: none"> • US Resident • Annual Income at or below: <ul style="list-style-type: none"> ○ Single: \$ 35,010 ○ Family of two: \$ 47,190 ○ Family of four: \$ 71,550 	<ul style="list-style-type: none"> • \$35 per canister
Proventil	Merck Patient	PO Box 690	<ul style="list-style-type: none"> • US Resident 	<ul style="list-style-type: none"> • Free; Up to 90 day

HFA®	Assistance Program	Horsham, PA 19044-9979 Phone: 1-800-727-5400 www.merckhelps.com	<ul style="list-style-type: none"> • No current prescription insurance coverage • Annual income at or below: <ul style="list-style-type: none"> ○ Single: \$ 46,680 ○ Family of two: \$62,920 ○ Family of four: \$ 95,400 	<ul style="list-style-type: none"> • supply • Free refills up to one year • New application needed every 12 months
Ventolin HFA®	Bridges to Access GlaxoSmithKline	PO Box 29038 Phoenix, AZ 85038-9038 Phone: 1-866-728-4368 Fax: 1-855-474-3063 www.bridgestoaccess.com	<ul style="list-style-type: none"> • US Resident • No prescription benefits coverage • Gross Monthly Income at or below 250% of the Federal Poverty Level: <ul style="list-style-type: none"> ○ Single: \$ 2,431 ○ Family of two: \$ 3,277 ○ Family of four: \$ 4,968 	<ul style="list-style-type: none"> • Free • 90-day supply mailed to address provided on application • Free refills for up to one year • New application needed every 12 months • If medication needed same day, a patient care advocate will need to call on behalf of patient